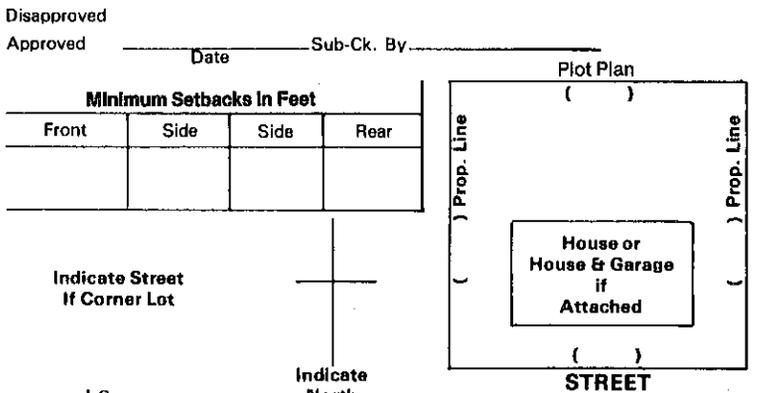


# BUILDING PERMIT APPLICATION

## BECOMES PERMIT WHEN SIGNED

*Date of Application		Date Work Starts		Receipt No.	Date Issued	Permit Number													
*Proposed Use of Structure				<b>BUILDING FEE SCHEDULE</b>															
*Bldg. Address				Square Ft. of Building		Valuation													
*Address Certificate No.				Assessors Parcel No.		Building Fees													
*Lot # *Block * Subd. Name & Number				Carport sq. ft.		Plan Check Fees													
*Property Location				Garage sq. ft.		Electrical Fees													
*Total Property Area - In Acres or Sq. Ft.				Type of Bldg.		Plumbing Fees													
*Owner of Property				Occ. Group		Mechanical Fees													
*Mailing Address				No. of Bldgs.		Subtotal													
*Business Name Address				No. of Stories		Water													
*Architect or Engineer				No. of Bedrooms		Sewer													
*General Contractor				No. of Dwellings		Storm Sewer													
*Business Address - City - Zip				Type of Construction		Moving or Demo.													
*Electrical Contractor				<input type="checkbox"/> Frame <input type="checkbox"/> Brick Var. <input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Steel		Temporary Conn.													
*Business Address - City - Zip				Max. Occ. Load		Reinspection													
*Plumbing Contractor				Fire Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No		State Fee													
*Business Address - City - Zip				Special Approvals		<b>Total</b>													
*Mechanical Contractor				Board of Adjustment		Required	Received												
*Business Address - City - Zip				Health Dept.			Approved												
*Previous Usage of Land or Structure (Past 3 yrs.)				Fire Dept.															
*Dwell. Units Now on Lot				Soil Report															
*Assessory Bldgs. Now on Lot				Water or Well Permit															
*Type of Improvement/Kind of Const.				Traffic Engineer															
<input type="checkbox"/> Sign <input type="checkbox"/> Build <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Convert Use <input type="checkbox"/> Demolish				Flood Control															
*No. of offstreet parking spaces:				Sewer or Septic Tank															
Covered				City Engineer (off site)															
Uncovered				Gas															
<b>SUB-CHECK</b>				Comments:															
Zone				Land Use Cert.															
Zone Approved By				Electrical Dept.															
Disapproved				HiBack C.G. & S.															
Approved _____ Date				Other															
Sub-Ck. By _____				Bond Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">Minimum Setbacks in Feet</th> </tr> <tr> <td>Front</td> <td>Side</td> <td>Side</td> <td>Rear</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				Minimum Setbacks in Feet				Front	Side	Side	Rear					This application does not become a permit until signed below.			
Minimum Setbacks in Feet																			
Front	Side	Side	Rear																
Indicate Street If Corner Lot				PLAN CHK. OK by															
Indicate North				Signature of Approval		Date													
STREET				This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.															
House or House & Garage if Attached				* Signature of Contractor or Authorized Agent		Date													
( ) Prop. Line ( ) Prop. Line				* Signature of Owner (if owner)		(Date)													
( ) ( )				PLANNING DEPT. USE															
( ) ( )				Census Tract.		Traffic Zone													
( ) ( )				New S.L.U. Code No.		Old S.L.U. Code No.													
( ) ( )				Certificate of Occupancy															



NOTE: 24 hours notice is required for all inspections.